

Fax completed form to (847) 674-2722

Attn: Admissions

# EMPLOYER Enrollment Agreement

PLEASE PRINT ALL OF THE FOLLOWING INFORMATION

**EMPLOYER INFORMATION**

Company Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Number Street Suite City State Zip Code  
 Ext. Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ Web Page: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

**BILLING**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Number Street Suite City State Zip Code  
 Ext. Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ Web Page: \_\_\_\_\_

**PROGRAM INFORMATION**

Program Name: \_\_\_\_\_ Program Number: \_\_\_\_\_

Beginning Date: \_\_\_/\_\_\_/\_\_\_ Ending Date: \_\_\_/\_\_\_/\_\_\_ Duration: \_\_\_\_\_ (weeks) \_\_\_\_\_ (hours)

Meeting Time: \_\_\_ Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thu. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

TOTAL TUITION AND FEES COST PER EMPLOYEE/STUDENT \$ \_\_\_\_\_

**EMPLOYEE/STUDENT INFORMATION**

|    | Name (Last, First) | Social Security Number | Phone Number |
|----|--------------------|------------------------|--------------|
| 1  | _____              | ____ - ____ - ____     | _____        |
| 2  | _____              | ____ - ____ - ____     | _____        |
| 3  | _____              | ____ - ____ - ____     | _____        |
| 4  | _____              | ____ - ____ - ____     | _____        |
| 5  | _____              | ____ - ____ - ____     | _____        |
| 6  | _____              | ____ - ____ - ____     | _____        |
| 7  | _____              | ____ - ____ - ____     | _____        |
| 8  | _____              | ____ - ____ - ____     | _____        |
| 9  | _____              | ____ - ____ - ____     | _____        |
| 10 | _____              | ____ - ____ - ____     | _____        |

**NOTICE TO EMPLOYER:**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This Employer Enrollment Agreement is a legal contract and is binding only when accepted, signed, and dated by an authorized official of Symbol Job Training, Inc.
3. By signing below EMPLOYER acknowledges receipt of school catalog and agrees to the terms and conditions contained therein.
4. You are entitled to an exact copy of this agreement and addendums.
5. This Employer Enrollment Agreement and the school catalog are to constitute the entire agreement between the EMPLOYER and Symbol Job Training, Inc.
6. Any changes in this Employer Enrollment Agreement shall not be binding on either the EMPLOYER or Symbol Job Training, Inc. unless such changes have been approved in writing by an authorized official of Symbol Job Training, Inc. and by the EMPLOYER. No terms and/or conditions of this Employer Enrollment Agreement shall be subject to amendment or modification by oral agreement.
7. EMPLOYER agrees to pay an agreed price for each employee/student that is listed in this Employer Enrollment Agreement.
8. New Employer Enrollment Agreement must be signed for each enrolled program.
9. Any signature by employer's representative shall fully bind EMPLOYER to the terms and conditions of this Employer Enrollment Agreement.

**I have read and agree to the terms and conditions of the Employer Enrollment Agreement.**

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Signature of EMPLOYER \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only**

Enrollment Accepted on \_\_\_\_\_  
Staff Initials \_\_\_\_\_